	hedule E)	PAGE 1 OF 66 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
VV	omen Speak Out PAC	C C00530766
Che	cck if 24-hour report X 48-hour report New report Amends report filed	d on Mam / Dab / Yayayay
T	Full Name of Payee	Date of Public Distribution/Dissemination
	Evelyn Lesaicherre	07 17 2014
	Mailing Address 629 Radiance Ave	Amount
	City State Zip Code	70.00
	Metairie LA 70001	Transaction ID: 274f69a2-b370-4f55-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	07 17 / 2014
Ī	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary
Γ	Full Name of Payee	Date of Public Distribution/Dissemination
	Evelyn Lesaicherre	07 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 629 Radiance Ave	Amount
-	City State Zip Code	3.60
	Metairie LA 70001	Transaction ID : 256ab69e-af47-47f6-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	07 17 2014
	Name of Federal Candidate Support Office	ee Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disb 2014	oursement For: Primary General Other (specify) Other
(a	a) SUBTOTAL of Itemized Independent Expenditures	73.60
`	,	
(k	b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(0	c) TOTAL Independent Expenditures	
W	Under penalty of perjury I certify that the independent expenditures reported herein were not movith, or at the request or suggestion of, any candidate or authorized committee or agent of either earty committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	07 19 2014
	Signature	

Schedule E)	PENT EXILINE	TIONES	PAGE 2 OF 66 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼		
Women Speak Out PAC C c00530766					
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	rt filed on		
Full Name of Payee			Date of Public Distribution/Dissemination		
Ms. Tonya Boyd			07		
Mailing Address 2357 Fancy Cap Rd			Amount		
City	State	Zip Code	70.00		
Mt. Airy	NC	27030	Transaction ID: 07fe81b4-00d3-4a70-8 Date of Disbursement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	07		
Name of Federal Candidate		Support	Office Sought: House District:00		
Ms. Kay Hagan		X Oppose	President Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought	7	165418.03	Disbursement For:		
Full Name of Payee			Date of Public Distribution/Dissemination		
Ms. Tonya Boyd			07		
Mailing Address 2357 Fancy Cap Rd			Amount		
City	State	Zip Code	12.15		
Mt. Airy	NC	27030	Transaction ID : f26bca17-ac76-4b69-a Date of Disbursement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002	07 / 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate		Support	Office Sought: House District: 00		
Ms. Kay Hagan		X Oppose	President Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought	7	165418.03	Disbursement For: Primary General 2014 General Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Exper	ditures		82.15		
			7 7		
(b) SUBTOTAL of Unitemized Independent Exp	oenditures		>		
(c) TOTAL Independent Expenditures			•		
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		

Schedule E)	PENT EXTEND	TIONES	PAGE 3 OF 66 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼		
Women Speak Out PAC					
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on		
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination		
Mailing Address 5510 Dogwood Dr			07 17 2014		
S510 Dogwood Dr			Amount		
City	State	Zip Code	20.00		
Winston Salem	NC	27105	Transaction ID : 9eb79ede-d077-4acc-a Date of Disbursement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	07 D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate		Support	Office Sought: House District:00		
Ms. Kay Hagan		X Oppose	President Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		165418.03	Disbursement For: Primary General 2014 Other (specify) ▶		
Full Name of Payee			Date of Public Distribution/Dissemination		
James Kindstedt			07 17 2014		
Mailing Address 5510 Dogwood Dr			Amount		
City	State	Zip Code	3.18		
Winston Salem	NC	27105	Transaction ID : d0b93fd7-0412-409f-b Date of Disbursement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002	07 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate		Support	Office Sought: House District: 00		
Ms. Kay Hagan		Oppose	President Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		165418.03	Disbursement For: Primary General 2014 General Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Exper	ditures		23.18		
(b) SUBTOTAL of Uniternized Independent Exp	penditures				
(4,			7 7 7		
(c) TOTAL Independent Expenditures			•		
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Signature					

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	
	C C00530766
Check if 24-hour report X 48-hour report New report Amends report file	d on M M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Joanna Kindstedt	M M / D D / Y Y Y Y
Mailing Address 2134 Tobaccoville Rd	07 17 2014 Amount
City State Zip Code	20.00
Rural Hall NC 27045	Transaction ID: 3f6ad7b5-826e-4620-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07
Name of Federal Candidate Support Offic	ce Sought: House District:00
Ms. Kay Hagan Oppose	President State: NC State:
Calendar Year-To-Date Per Election for Office Sought Disb. 2012	oursement For: Primary ⊠ General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Amanda Boley	M M / D D / Y Y Y Y Y
Mailing Address Split Oak Drive	07 17 2014
Spin Sun Bino	Amount
City State Zip Code	35.00
charlotte NC 28227	Transaction ID : 21fb57b7-3867-47c2-8 Date of Disbursement or Obligation
Purpose of Expenditure Category/ Cat	M M / D D / Y Y Y Y
Salary Salary 001 Type	07 17 2014
Name of Federal Candidate Support Office	ce Sought: House District: 00
Ms. Mary L Landrieu Oppose	President X Senate State: LA
	oursement For: Primary X General
Per Election for Office Sought 59316.35 201	4 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	55.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed]	07 10 / Y Y Y Y Y Y
Signature Date	07 19 2014

Schedule E)	VI EXI ENL	JITONES	PAGE 5 OF 66 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Amanda Boley			07 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address Split Oak Drive			Amount
City	State	Zip Code	20.70
charlotte	NC	28227	Transaction ID : df4eba4f-d830-42bc-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	59316.35	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Lorri Anderson			07 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7214 Duchamp Dr			Amount
City	State	Zip Code	40.00
Charlotte	NC	23215	Transaction ID : f3c18c95-fea1-4513-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	165418.03	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ires		60.70
			7 7
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		•
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or it	date or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
5.g.iataro			

Schedule E)	INI EXI END	ITOTILO		PAGE 6 OF 66 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766		
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee			Date of	Public Distribution/Dissemination
Lorri Anderson			M	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7214 Duchamp Dr			Amount	
City	State	Zip Code		7.80
Charlotte	NC	23215		ction ID : cbc74281-eb27-45df-8 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	М)7
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	Presider	NO
Calendar Year-To-Date Per Election for Office Sought		165418.03	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
Full Name of Payee			Date of	Public Distribution/Dissemination
David Ford				07
Mailing Address 106 Hillside St			Amoun	t
City	State	Zip Code		57.50
Spindale	NC	28160		tion ID: e0be2265-dda8-4ee4-a Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought		165418.03	Disbursement 2014 Oth	For:
(a) SUBTOTAL of Itemized Independent Expendi	itures		•	65.30
(b) SUBTOTAL of Unitemized Independent Expe	nditures			7
				7 7
(c) TOTAL Independent Expenditures			· •	7
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any canon party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan	[Electroi	nically Filed] Date	M M / O7	19 2014
Signature			ا لتا ا	

Schedule E)		101.20		PAGE 7 OF 66 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766		
				W = M / D = D / Y = Y = Y
Check if 24-hour report X 48-hour report	X New repo	ort Amends rep	ort filed on	
Full Name of Payee David Ford				of Public Distribution/Dissemination
Mailing Address 106 Hillside St			L	07 17 2014
			Amou	unt
1 '	State	Zip Code	L.	4.17
	NC	28160		saction ID : 265159ee-cf51-4127-b of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		07 / 17 / 2014
Name of Federal Candidate		Support	Office Sough	ht: House District: 00
Ms. Kay Hagan		X Oppose	Presid	lent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1	65418.03	Disbursemen 2014	nt For:
Full Name of Payee			Date	of Public Distribution/Dissemination
Mr. Roger McKinney				07 17 2014
Mailing Address 308 West Main Street				لــنــا لــا لــٰ
			Amo	unt
City	State	Zip Code		44.50
	NC	27041	Trans Date	action ID: 8d7ac653-3fc3-45fc-b of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	$\Box \mid \Box$	07 / 17 / 2014
Name of Federal Candidate		Support	Office Soug	ht: House District: 00
Ms. Kay Hagan		X Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought		165418.03	Disburseme 2014	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures			>	48.67
(b) SUBTOTAL of Unitemized Independent Expenditures	9S		··· •	7 1 7 1 7 1
(c) TOTAL Independent Expenditures				
(b) TOTAL Independent Experiations			··· •	7 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	e 07	19 2014
Signature				

Schedule E)	PAGE 8 OF 66 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
Full Name of Payee Mr. Roger McKinney	Date of Public Distribution/Dissemination 07 17 2014
Mailing Address 308 West Main Street	Amount
City State Zip Code	13.05
Pilot Mountian NC 27041	Transaction ID: e95aaba3-bd64-4320-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	07 17 Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶
Full Name of Payee Glenda McKinney	Date of Public Distribution/Dissemination
Mailing Address 308 West Main Street	Amount
City State Zip Code	44.50
Plot Mountain NC 27041	Transaction ID: 97e53c48-2205-4d77-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	57.55
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 0	7 19 2014
Signature	

Schedule E)	LIVI EXPEND	TIONES	PAGE 9 OF 66 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Jennie Butler			Date of Public Distribution/Dissemination
Mailing Address 1676 Shady Creek Rd			07 / 17 / 2014
			Amount
City	State	Zip Code	20.00
Ayden	NC	28513	Transaction ID : e34c850a-9813-4ef1-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,,	165418.03	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Jennie Butler			07 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1676 Shady Creek Rd			Amount
City	State	Zip Code	5.40
Ayden	NC	28513	Transaction ID : 33c5bfed-4a92-4ebf-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 17 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		165418.03	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	ditures		25.40
(a) COLIGINAL OF NOTINESS INCOPORTION EXPON	31.01.00		20.10
(b) SUBTOTAL of Unitemized Independent Exp	enditures		· •
(c) TOTAL Independent Expenditures			·
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 19 2014
3.9			

Schedule E)	L /X: L :			PAGE 10 OF 66 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766		
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y = Y = Y = Y
Full Name of Payee Solveig Lysne				of Public Distribution/Dissemination
				07 17 2014
Mailing Address 7121 Oyster Lane			Amour	nt
City	State	Zip Code		45.80
Wilmington	NC	28411		action ID: 6c1ee78a-9dea-4a6f-9 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	07
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Kay Hagan		X Oppose	Preside	NO.
Calendar Year-To-Date Per Election for Office Sought	1	165418.03	Disbursement 2014 Ot	For: Primary
Full Name of Payee				of Public Distribution/Dissemination
Solveig Lysne				07 17 2014
Mailing Address 7121 Oyster Lane				07 17 2014
			Amour	nt
City	State	Zip Code		6.60
Wilmington	NC	28411	Transa Date o	ction ID: 8257d397-4324-4cf1-9 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	М	07 17 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Kay Hagan		X Oppose	Preside	ent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		165418.03	Disbursement 2014 Of	t For:
-				
(a) SUBTOTAL of Itemized Independent Expenditures	S		•	52.40
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		•	
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	e 07 /	19 2014
Signature				

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed	I on M M / D D / Y Y Y Y Y
Full Name of Payee Allie Butler	Date of Public Distribution/Dissemination
Allie Dutiel	07 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1676 Shady Creek Rd	Amount
City State Zip Code	10.00
Ayden NC 28513	Transaction ID: 6bf2c9d5-b672-4417-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary
Full Name of Payee Erika Burfield	Date of Public Distribution/Dissemination
Lina Dulliela	07 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2939 Country Club Drive	Amount
City State Zip Code	47.50
Hampstead NC 28443	Transaction ID: fa091c03-bc8f-4f06-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC State:
Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: ☐ Primary ☐ General Other (specify) ▶
(a) SUPTOTAL of Itamized Independent Expanditures	57.50
(a) SUBTOTAL of Itemized Independent Expenditures	57.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	07 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

Schedule E)	IN EXILINE	on one o		PAGE 12 OF 66 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y = Y
Full Name of Payee Erika Burfield			M = M	olic Distribution/Dissemination
Mailing Address 2939 Country Club Drive			Amount	17 2014
City	State	Zip Code		4.50
Hampstead	NC	28443		n ID: 0a7129bf-5294-41d6-8 bursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07	17 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	-,,	165418.03	Disbursement For: 2014 Other (Primary X General specify) ▶
Full Name of Payee			Date of Pul	blic Distribution/Dissemination
Steven Jean			M = M 07	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2012 Harrison Ave			Amount	
City	State	Zip Code		85.00
Winston Salem	NC	27105		ID: ded824f3-01c7-4619-8
Purpose of Expenditure Salary		Category/ Type 001	07 ^M	/ 17 / Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		165418.03	Disbursement For: 2014 Other (:
(a) SUBTOTAL of Itemized Independent Expend	itures			89.50
(b) SUBTOTAL of Unitemized Independent Expe	nditures			
(-,				7
(c) TOTAL Independent Expenditures			•	7 1 4 1 4
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize			
Ms. Emily Buchanan	[Electro	nically Filed] Date	e 07 / 19	
Signature				

Schedule E)	II EXI END			PAGE 13 OF 66 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	M / D = D / Y = Y = Y = Y
Full Name of Payee Steven Jean			Date o	f Public Distribution/Dissemination
				07 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2012 Harrison Ave			Amour	nt
City	State	Zip Code		15.00
Winston Salem	NC	27105		action ID: 038703e2-85ad-4084-b f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	М	07 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: House District:00
Ms. Kay Hagan		X Oppose	Preside	NO.
Calendar Year-To-Date Per Election for Office Sought		165418.03	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
Full Name of Payee			Date of	of Public Distribution/Dissemination
Theresa A Touchet				07 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 102 French Street #3				
			Amour	nt
City	State	Zip Code		7.50
New Orleans	NC	70124	Transac Date of	ction ID : 6602e13b-25b4-4f19-8 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	07 D D V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	t: House District: 00
Ms. Mary L Landrieu		Oppose	Preside	ent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	59316.35	Disbursement 2014 Ot	t For: Primary
(a) SUBTOTAL of Itemized Independent Expenditu	res		• •	22.50
(b) SUBTOTAL of Unitemized Independent Expend	itures		· •	
(c) TOTAL Independent Expenditures			· •	7 7 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorized			
Ms. Emily Buchanan	[Electroi	nically Filed] Date	M M / / / / / / / / / / / / / / / / / /	19 / Y - Y - Y - Y - Y - Y - Y - Y - Y - Y
Signature			التا	

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۷	omen Speak Out PAC	C C00530766
Che	eck if 24-hour report X 48-hour report New report Amends report filed	on Mam / Dab / Yayayay
Т	Full Name of Payee	Date of Public Distribution/Dissemination
	Theresa A Touchet	07 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 102 French Street #3	Amount
ŀ	City State Zip Code	0.60
	New Orleans NC 70124	Transaction ID : 6dcdb17c-4391-4ff8-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	07 17 2014
	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Mary L Landrieu	President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For:
	Full Name of Payee Jonathan Odette Mailing Address 9600 Farpshoro Chambles Road	Date of Public Distribution/Dissemination 07 17 2014
	9600 Earpsboro Chamblee Road	Amount
ľ	City State Zip Code	70.00
	Wendell NC 27591	Transaction ID : afa698cf-9ff6-43b4-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	07 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ľ	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC State:
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	70.60
(b) SUBTOTAL of Unitemized Independent Expenditures	1 7 1 7 1 7
(c) TOTAL Independent Expenditures	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 07	M / 19 / 2014
	Signature	

PAGE

OF

66

Schedu	le E)	I EXI END			PAGE 15 OF 66 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wome	n Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
	ame of Payee athan Odette				of Public Distribution/Dissemination
Mailin	g Address 9600 Earpsboro Chamblee Road			Amou	07 17 2014
City Wend	dell	State NC	Zip Code 27591		37.80 action ID : 46f57bb4-a0ad-4a93-b
Purpo Milea	se of Expenditure ge		Category/ Type 002		of Disbursement or Obligation 07
Name	of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. K	ay Hagan		X Oppose	Preside	NO.
	Calendar Year-To-Date Per Election for Office Sought	, 1	65418.03	Disbursemen 2014 O	t For: Primary ⊠ General ther (specify) ▶
And	ame of Payee Irea L Hammond g Address 12920 Kneeland Ln				of Public Distribution/Dissemination
				Amou	
City Neos	ho	State MO	Zip Code 64850	Transa	32.50 action ID : 633764dd-9deb-4922-8 of Disbursement or Obligation
Purpo Salar	se of Expenditure y		Category/ Type 001		07 D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name	of Federal Candidate		Support	Office Sough	t: House District:00
Mr. N	ark L Pryor		X Oppose	Preside	ent Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	, , ,	23719.25	Disbursemen 2014	t For: Primary X General ther (specify) ▶
(a) SU	BTOTAL of Itemized Independent Expenditure	9S			70.30
(b) SU	BTOTAL of Unitemized Independent Expendit	tures			
(c) TO	TAL Independent Expenditures			•	7
with, or	penalty of perjury I certify that the independe at the request or suggestion of, any candida committee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	07	19 2014
Sigr	nature				

Schedule E)	EXI END			PAGE 16 OF 66 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
			M	M / D D / Y Y Y Y
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	
Full Name of Payee Andrea L Hammond				of Public Distribution/Dissemination
Mailing Address 12920 Kneeland Ln			Amou	07 17 2014 nt
				00.00
1 ,	State MO	Zip Code 64850		33.30 action ID : 073b01ad-13af-417b-8
Purpose of Expenditure		Category/		of Disbursement or Obligation
Mileage		Type 002		07 17 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Mr. Mark L Pryor		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		23719.25	Disbursemen 2014	t For:
Full Name of Payee			Date of	of Public Distribution/Dissemination
Steven Best			M	07 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 103 Washington Ave			Amou	nt
City	State	Zip Code	- $ $ $-$	60.00
Newport	NC	28570	Transa Date o	ction ID: 702c0012-b8e4-4db1-a of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	07 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Kay Hagan		X Oppose	Preside	ent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		165418.03	Disbursemen 2014 O	t For: Primary General ther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			•	93.30
(b) SUBTOTAL of Unitemized Independent Expenditure	es			
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized			
Ms. Emily Buchanan	[Electroni	ically Filed] Date	. 07	19 / 2014
Signature		_		

Schedule E)		TI OTILO	PAGE 17 OF 66 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Steven Best			07 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 103 Washington Ave			Amount
City	State	Zip Code	10.23
Newport	NC	28570	Transaction ID : 3b1bcd6d-cd88-4729-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		165418.03	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Francesca Blom			07 17 2014
Mailing Address 101 Asbury Ct			Amount
City	State	Zip Code	80.00
Winchester	VA	22602	Transaction ID : 7f5c8a52-a3e0-4dde-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	77	165418.03	Disbursement For: ☐ Primary ☐ General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		90.23
(b) SUBTOTAL of Unitemized Independent Exper	nditures		•
(c) TOTAL Independent Expenditures			>
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or	lidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signaturo			

Schedule E)	DENT EXPEND	HOHES	PAGE 18 OF 66 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repo	rt New rep	oort Amends repo	t filed on
Full Name of Payee Brian Saltzler			Date of Public Distribution/Dissemination
Mailing Address 601 S College Road			07 17 2014
			Amount
City	State	Zip Code	35.00
Wilmington	NC	28403	Transaction ID: 9a9f55a6-5b6d-4669-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 17 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		165418.03	Disbursement For: Primary General 2014 General Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Brian Saltzler			07 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 601 S College Road			Amount
City	State	Zip Code	4.50
Wilmington	NC	28403	Transaction ID: 318fc4a5-b8fb-4ae9-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		165418.03	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	enditures		39.50
(b) SUBTOTAL of Unitemized Independent E	xpenditures		>
(c) TOTAL Independent Expenditures			·
	candidate or authorized		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•			

Schedule E)	VI EXI END	TIONES	PAGE FOR S	19 OF 66 SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIF	ICATION NUMBER ▼
Women Speak Out PAC			C C00530	0766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D / Y = Y = Y
Full Name of Payee			Date of Public Distrik	oution/Dissemination
Ms. Ashlen Sandoz			07 / D 17	
Mailing Address 204 Ranger Place			Amount	
City	State	Zip Code		15.00
Slidell	LA	70115	Transaction ID : bdc Date of Disbursemer	
Purpose of Expenditure Salary		Category/ Type 001	07 / D	
Name of Federal Candidate		Support	Office Sought: Hou	se District: 00
Ms. Mary L Landrieu		X Oppose	President Sen	
Calendar Year-To-Date Per Election for Office Sought	7	59316.35	Disbursement For: Property Pro	rimary X General
Full Name of Payee			Date of Public Distril	oution/Dissemination
Tammay Williams			07 / D	7 2014
Mailing Address 924 N. Prieur St			Amount	
City	State	Zip Code		70.00
New Orleans	LA	70116	Transaction ID : a0a6 Date of Disbursemen	
Purpose of Expenditure Salary		Category/ Type 001	07 / D	
Name of Federal Candidate		Support	Office Sought: Hou	se District: 00
Ms. Mary L Landrieu		Oppose	President Sen	
Calendar Year-To-Date Per Election for Office Sought	, , ,	59316.35	Disbursement For: P 2014 Other (specify)	rimary X General
(a) SUBTOTAL of Itemized Independent Expenditu	res			85.00
			7	7
(b) SUBTOTAL of Unitemized Independent Expendent	litures		•	4
(c) TOTAL Independent Expenditures			>	7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 19 / Y	2014
- 9				

Sche	dule E)	I EXI END			PAGE 20 OF 66 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wor	nen Speak Out PAC				C C00530766
Check	if 24-hour report X 48-hour report	New repo	ort Amends repo	art filed on	= M / D = D / Y = Y = Y
			ort Amenda repo	I liled on	
Ful T	II Name of Payee ammay Williams				of Public Distribution/Dissemination
Ма	ailing Address 924 N. Prieur St			Amou	nt
Cit	y	State	Zip Code	— L.	13.50
	ew Orleans	LA	70116		action ID : 0b00ed7d-949e-411e-8 of Disbursement or Obligation
	rpose of Expenditure ileage		Category/ Type 002	М	07 17 / 2014
Na	me of Federal Candidate		Support	Office Sough	t: House District: 00
M	s. Mary L Landrieu		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	7	59316.35	Disbursemen 2014 O	t For:
	Il Name of Payee			Date	of Public Distribution/Dissemination
14	Oonald Dessauer			IV	07 17 2014
Ma	ailing Address 1804 Auburn Ave				للنبا لبا لن
				Amou	nt
Cit	ty	State	Zip Code		15.00
<u> </u>	letaire	LA	70003	Transa Date	ction ID: 38488d67-28b2-4a74-9 of Disbursement or Obligation
	ırpose of Expenditure alary		Category/ Type 001	N	07 / 17 / 2014
Na	ame of Federal Candidate		Support	Office Sough	t: House District: 00
M	s. Mary L Landrieu		X Oppose	Preside	ent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	7 7	59316.35	Disbursemen 2014 O	t For:
(a)	SUBTOTAL of Itemized Independent Expenditure	es		•	28.50
(b)	SUBTOTAL of Unitemized Independent Expendit	ures		•	
(c)	TOTAL Independent Expenditures			•	7
with	er penalty of perjury I certify that the independe , or at the request or suggestion of, any candida y committee) any political party committee or its	te or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	07	19 / 2014
5	Signature				

Sch	nedule E)	L /(1 L /(2)	1101120		PAGE 21 OF 66 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
VV	omen Speak Out PAC				C C00530766
Chec	ck if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
TF	Full Name of Payee Donald Dessauer				e of Public Distribution/Dissemination
N	Mailing Address 1804 Auburn Ave			Amou	07 17 2014 punt
	City	State	Zip Code	— r	0.30
- 1	Metaire	LA	70003		nsaction ID: 090027b7-c180-41e9-a
	Purpose of Expenditure Mileage		Category/ Type 002		07 17 2014
1	Name of Federal Candidate		Support	Office Sough	ght: House District: 00
	Ms. Mary L Landrieu		Oppose	Presid	dent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		59316.35	Disbursement 2014	ent For: Primary
	Full Name of Payee Luke T Waltermire Mailing Address 107 S Grist Mill Rd			[of Public Distribution/Dissemination
				Amo	
	City Hampstead	State NC	Zip Code 28443	Trans	33.00 saction ID: a64794c2-9116-42ea-9 e of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		07
Ī	Name of Federal Candidate		Support	Office Soug	ght: House District: 00
	Ms. Kay Hagan		Oppose	Presid	
	Calendar Year-To-Date Per Election for Office Sought	y	165418.03	Disburseme 2014	ent For: Primary X General Other (specify) ▶
(a	a) SUBTOTAL of Itemized Independent Expenditures	3			33.30
(b	b) SUBTOTAL of Unitemized Independent Expenditure	res		·· • [4
(с	c) TOTAL Independent Expenditures			··· •	7 7 7
wi	nder penalty of perjury I certify that the independen ith, or at the request or suggestion of, any candidate arty committee) any political party committee or its a	e or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 07	19 2014
	Signature				

Schedule E)	PAGE 22 OF 66 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y = Y
Full Name of Payee Luke T Waltermire	e of Public Distribution/Dissemination
Mailing Address 107 S Grist Mill Rd	07 17 2014 ount
	1500
1.1311.17.13.13.13	15.30 nsaction ID : b16bc87b-4644-455d-9 e of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	07 17 2014
Name of Federal Candidate Support Office Sough	ght: House District: 00
Ms. Kay Hagan	
Calendar Year-To-Date Per Election for Office Sought Disburseme 2014	ent For: Primary
Full Name of Payee Date Peter Sahuc	e of Public Distribution/Dissemination
Mailing Address 107 Phillip Ave Amo	07 17 2014 ount
City State Zip Code	30.00
Lafayette LA 70503 Trans	saction ID: 25982f81-8cc8-4045-9 e of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ght: House District: 00
Ms. Mary L Landrieu Presi	
Calendar Year-To-Date Per Election for Office Sought Disburseme 2014 2014	ent For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	45.30
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 7 5
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (i party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date O7	19 / 2014

Schedule E)	VI EXI ENE	TI OILE	PAGE 23 OF 66 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Peter Sahuc			07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 107 Phillip Ave			Amount
City	State	Zip Code	3.81
Lafayette	LA	70503	Transaction ID : 546e8d41-c164-4828-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	59316.35	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
John Voholetz			07 17 2014
Mailing Address 718 N MacMillan Avenue			Amount
City	State	Zip Code	40.00
Wilmington	NC	28803	Transaction ID : c5256b60-c8b3-4403-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	165418.03	Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditu	res		▶ 43.81
			7 7 7
(b) SUBTOTAL of Unitemized Independent Expendent	litures		· •
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	9 07 19 / 2014
Jigitataro			

Schedule E)	JENT EXILIND	HONES	PAGE 24 OF 6 FOR SE OF FORM 24/4	66 18
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBE	R▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour repor	New rep	port Amends repo	t filed on	Y
Full Name of Payee			Date of Public Distribution/Dissemination	on
Carmen Maddrey			07 / 17 / 2014	Y
Mailing Address 2043 Nottingham Ln			Amount	
City	State	Zip Code	40.	00
Burlington	NC	27215	Transaction ID : 65dedd35-ac1f-4562- Date of Disbursement or Obligation	-9
Purpose of Expenditure Salary		Category/ Type 001	07 17 2014	Y
Name of Federal Candidate		Support	Office Sought: House District:	00
Ms. Kay Hagan		X Oppose	President Senate State: N	
Calendar Year-To-Date Per Election for Office Sought	7	165418.03	Disbursement For: Primary	neral
Full Name of Payee			Date of Public Distribution/Dissemination	on
Carmen Maddrey			07 17 2014	Y
Mailing Address 2043 Nottingham Ln			Amount	
City	State	Zip Code	2.41	0
Burlington	NC	27215	Transaction ID : dc763c76-cf80-496e-8 Date of Disbursement or Obligation	3
Purpose of Expenditure Mileage		Category/ Type 002	07 17 2014	Y
Name of Federal Candidate		Support	Office Sought: House District:	00
Ms. Kay Hagan		Oppose	President State:	IC
Calendar Year-To-Date Per Election for Office Sought		165418.03	Disbursement For: Primary	neral
(a) SUBTOTAL of Itemized Independent Exper	nditures		42.40	
(b) SUBTOTAL of Unitemized Independent Ex	oenditures		·	
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the inde with, or at the request or suggestion of, any caparty committee) any political party committee	andidate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signaturo				

Schedule E)	/LIVI L/XI LIX	1101120		PAGE 25 OF 66 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	D = D / Y = Y = Y
Full Name of Payee Anthony Buchanan			M = M	c Distribution/Dissemination
Mailing Address 1090 McHone Rd			O7 Amount	17 2014
City	State	Zip Code		80.00
Spruce Pine	NC	28777		ID: d0c7adc8-e61a-4b19-a ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 O7	17 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		165418.03	Disbursement For: 2014 Other (sp	Primary ☐ General Decify) ▶
Full Name of Payee Mary Johnson Mailing Address 105 South Dale St			Date of Publi	c Distribution/Dissemination
Mailing Address 105 South Dale St			Amount	
City	State	Zip Code		80.00
Spruce Pine Purpose of Expenditure	NC	28777	Date of Disbu	D: 4cacf5c2-34d1-4fb8-b ursement or Obligation
Salary		Category/ Type 001	07	17 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		165418.03	Disbursement For: 2014 Other (sp	Primary X General
(a) SUBTOTAL of Itemized Independent Expen	ditures		. •	160.00
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•	1 1 7 1 7 1
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	07 / 19	2014
Signature				

Schedule E)		TI EX EILE	1101120		PAGE 26 OF 66 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In	,				FEC IDENTIFICATION NUMBER ▼
Women Speak Out	: PAC				C C00530766
Check if 24-hour report	X 48-hour report	New rep	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y
Full Name of Payee Lisa Booth					of Public Distribution/Dissemination
Mailing Address 1434 S	outh Avenue			L	07 17 2014
				Amou	nt
City		State	Zip Code		72.50
Eden		NC	27288		action ID: 14d27f74-a0ce-48d2-a of Disbursement or Obligation
Purpose of Expenditure Salary			Category/ Type 001		07 17 2014
Name of Federal Candid	late		Support	Office Sough	t: House District:00
Ms. Kay Hagan			Oppose	Preside	NO.
Calendar Year-To-Da Per Election for Offi		, 1	165418.03	Disbursemen 2014	tt For:
Full Name of Payee Lisa Booth					of Public Distribution/Dissemination
					07 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address ₁₄₃₄	South Avenue			Amou	int
City		State	Zip Code		10.80
Eden		NC	27288	Transa Date	action ID: 85e3d843-ff0b-45aa-b of Disbursement or Obligation
Purpose of Expenditure Mileage			Category/ Type 002		07 17 / 2014
Name of Federal Candid	date		Support	Office Sough	nt: House District: 00
Ms. Kay Hagan			X Oppose	Presid	ent Senate State: NC
Calendar Year-To-D Per Election for Off		7 1 7	165418.03	Disbursemer 2014	nt For: Primary
_					
(a) SUBTOTAL of Itemize	ed Independent Expenditur	es		·· •	83.30
(b) SUBTOTAL of Uniter	nized Independent Expend	itures		· •	
(c) TOTAL Independent f	Expenditures			· •	7 1 7 1 7
with, or at the request or		ate or authorized			cooperation, consultation, or concert the reporting entity is not a political
Ms. Emily Bu	chanan	[Electron	ically Filed] Date	e 07	19 2014
Signature			_		

Schedule E)	II EXI END			PAGE 27 OF 66 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	art filed on	M / D D / Y = Y = Y
Z4-Hour report 40-Hour report	New Tep	ort Amenus repo	ort filed off	
Full Name of Payee Casey Stockton			M	Public Distribution/Dissemination M / Public Distribution/Dissemination 17 2014
Mailing Address 105 South Dale St			Amount	
City	State	Zip Code	- [80.00
Spruce Pine	NC	28777		ction ID : dcafe5e1-8b2a-4d25-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		07 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought	, ,	165418.03	Disbursement 2014 Oth	For: Primary X General Der (specify) ►
Full Name of Payee			Date of	Public Distribution/Dissemination
Casey Stockton				07 17 2014
Mailing Address 105 South Dale St				لسنسا لسا ك
			Amoun	t
City	State	Zip Code		26.70
Spruce Pine	NC	28777	Transac Date of	tion ID : 6045705d-506c-448f-8 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		7 17 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought	7 7	165418.03	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditur	es		•	106.70
(b) SUBTOTAL of Unitemized Independent Expendi	itures		· •	7 7 7
(c) TOTAL Independent Expenditures			· •	7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	M = M / 07	19 2014
Signature		_		

Schedule E)	PAGE 28 OF 66 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	= M
Barbara A Williams	of Public Distribution/Dissemination
Mailing Address 3002 Darden Rd	07 17 2014
Apt A	
	70.00 saction ID : 59a1c2b4-9d48-4d31-9
Purpose of Expenditure	of Disbursement or Obligation
Name of Federal Candidate Support Office Sough	nt: House District: 00
Ms. Kay Hagan Support Office Sough Oppose Preside	nt
Calendar Year-To-Date Per Election for Office Sought Disbursement 2014	nt For: Primary ⊠ General Other (specify) ▶
Kacie Gleb	of Public Distribution/Dissemination
Mailing Address 3815 Robin Road Amou	07 17 2014
Allow	
	30.00 action ID : 6664060a-55c2-4694-a
Purpose of Expenditure	of Disbursement or Obligation 07
Name of Federal Candidate Support Office Sough	nt: House District: 00
Ms. Kay Hagan Support Office Sough Oppose Preside	NC
Calendar Year-To-Date Per Election for Office Sought Disbursemer 2014 C	nt For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	100.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 1 7 1 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07	19 / 2014

Sc	hedule E)	./(101120		PAGE 29	9 OF 66 F FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICAT	
W	omen Speak Out PAC				C C00530766	
Che	eck if 24-hour report X 48-hour report	X New repo	ort Amends rep	port filed or	M = M / D = D /	Y = Y = Y
T	Full Name of Payee Branson Cambre			[ate of Public Distribution	n/Dissemination
-	Mailing Address 117 Middleburg Dr.				07 17 mount	2014
						55.00
	- 7	ate LA	Zip Code 70508		ransaction ID : 1ad0716 ate of Disbursement or	
l	Purpose of Expenditure Salary		Category/ Type 00	-	M M / D D D 17	2014
ŀ	Name of Federal Candidate		Support	Office S	ought: House	District: 00
	Ms. Mary L Landrieu		X Oppose		esident X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought		59316.35	Disburs 2014	ment For: Primar Other (specify) ▶	ry X General
	Full Name of Payee Branson Cambre				ate of Public Distributio	n/Dissemination
Ī	Mailing Address 117 Middleburg Dr.			,	mount	
ľ	City	tate	Zip Code			11.49
		LA	70508	Ti	ansaction ID: 0804622 ate of Disbursement or	d-8e35-4f03-a Obligation
	Purpose of Expenditure Mileage		Category/ Type 002	2	07 / 17	2014
Ī	Name of Federal Candidate		Support	Office S	ought: House	District:00
	Ms. Mary L Landrieu		X Oppose		esident X Senate	State:LA
	Calendar Year-To-Date Per Election for Office Sought		59316.35	Disburs 2014	ement For: Primal Other (specify) ▶	ry X General
((a) SUBTOTAL of Itemized Independent Expenditures				7 7 7	66.49
((b) SUBTOTAL of Unitemized Independent Expenditures	;		···· >		1 1 1
((c) TOTAL Independent Expenditures			····· [117117	
٧	Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate or party committee) any political party committee or its ager	or authorized				
	Ms. Emily Buchanan	[Electroni	<i>ically Filed]</i> Da	ate 07)14
	Signature					

Sch	nedule E)			PAGE 30 OF 66 FOR SE OF FORM 24/48
	IE OF COMMITTEE (In Full)		FEC II	DENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC		C	C00530766
Char	ck if 24-hour report X 48-hour report New report	Amends repor	t filed on	/ D = D / Y = Y = Y
		Amends repor	t filed off	
	Full Name of Payee Matt Gleb		Date of Publi	c Distribution/Dissemination
N	Mailing Address 3815 Robin Road		Amount	
	City State Zip	Code		30.00
- 1	Ayden NC 285	513		ID: d440de0b-9056-4199-9 ursement or Obligation
	Purpose of Expenditure Salary Ca	ttegory/ Type 001	M 07	17 / 2014
1	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Ms. Kay Hagan	X Oppose	President	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought 16541	18.03	Disbursement For: 2014 Other (sp	Primary
	Full Name of Payee Matt Gleb			ic Distribution/Dissemination
	Marker Address		07	17 2014
ľ	Mailing Address 3815 Robin Road		Amount	
	City State Zip	Code		10.80
		513	Transaction I Date of Disb	D: 152b32a5-500c-4098-8 ursement or Obligation
	Purpose of Expenditure Mileage Ca	tegory/ Type 002	07	17 2014
1	Name of Federal Candidate	Support	Office Sought:	House District:00
	Ms. Kay Hagan	X Oppose	President	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	65418.03	Disbursement For: 2014 Other (s	Primary
(a	a) SUBTOTAL of Itemized Independent Expenditures)	40.80
(b	b) SUBTOTAL of Unitemized Independent Expenditures		•	7
(с	c) TOTAL Independent Expenditures		>	
wi	nder penalty of perjury I certify that the independent expenditures repointh, or at the request or suggestion of, any candidate or authorized comparty committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electronically	Filed] Date	07 / 19	/ Y Y Y Y Y 2014
	Signature			

	Tieddie E)	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
VV	omen Speak Out PAC	C C00530766
Che	eck if 24-hour report X 48-hour report New report Amends report filed	I on Man / Dad / Yayayay
Т	Full Name of Payee	Date of Public Distribution/Dissemination
	Donna Barrette	07 17 2014
	Mailing Address 724 Harris Avenue	Amount
ŀ	City State Zip Code	60.00
	Harahan LA 70123	Transaction ID: 0971abc4-9b3b-4a8c-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	07 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ı	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbrace 59316.35	ursement For: Primary X General
Ļ	Fer Election for Office Sought	Other (specify) ▶
	Full Name of Payee Donna Barrette	Date of Public Distribution/Dissemination
ŀ	Mailing Address 724 Harris Avenue	07 17 2014
		Amount
ľ	City State Zip Code	0.90
	Harahan LA 70123	Transaction ID: 22dc70c0-0ee1-4929-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	07 17 / 2014
ľ	Name of Federal Candidate Support Offic	e Sought: House District: 00
		President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	60.90
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not movith, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
)7 19 2014
	Signature	

PAGE 31

OF

66

Schedule E)	. LXI LIID			PAGE 32 OF 66 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Sharon Lloyd				Public Distribution/Dissemination
Mailing Address 4301 Lankford			Amount	17 2014
City	Ctata	Zin Onda		20.00
City Springdale	State AR	Zip Code 72762		80.00 ction ID : 9a3bffc4-af4d-404a-9 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M)7 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought		23719.25	Disbursement 2014 Oth	For: Primary X General Primary Primary Repeated Primary
Full Name of Payee			Date of	Public Distribution/Dissemination
Sharon Lloyd				07 17 2014
Mailing Address 4301 Lankford			Amount	للنتيا لتا لت
City	State	Zip Code		11.79
Springdale	AR	72762		tion ID: bd93bd1b-d8a7-4408-8 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	М	17 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought	7	23719.25	Disbursement 2014 Oth	For: Primary X General ner (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditure	es			91.79
(b) SUBTOTAL of Unitemized Independent Expendit	ures			
(c) TOTAL Independent Expenditures			· .	7 7 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan	[Electroi	nically Filed] Date		19 2014
Signature				

Schedule E)	I LAFLIND			PAGE 33 OF 66 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	M / D = D / Y = Y = Y
Full Name of Payee			Date of	Public Distribution/Dissemination
Roddy H Lloyd			0.	
Mailing Address 4301 Lankford			Amount	
City	State	Zip Code		80.00
Springdale	AR	72762		ction ID: 9b9f28a5-c06d-4b63-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 0	M / D D / Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	
Calendar Year-To-Date Per Election for Office Sought	, , ,	23719.25	Disbursement F 2014 Othe	For: Primary X General er (specify) ▶
Full Name of Payee			Date of	Public Distribution/Dissemination
Roddy H Lloyd			0	
Mailing Address 4301 Lankford			Amount	
City	State	Zip Code	— r	8.19
Springdale	AR	72762		tion ID : ae8d0cc1-46f5-4abf-a Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	0	M / D D / Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	Presiden	t Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , , ,	23719.25	Disbursement I 2014 Oth	For: Primary X General er (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditure	q			88.19
(a) CODICINE OF ROTHER MINOSPORMENT EXPONENTIAL	J			00.13
(b) SUBTOTAL of Unitemized Independent Expenditu	ures		· - -	7.1.7.1.5.1
(c) TOTAL Independent Expenditures			· .	7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		19 / 2014

Sch	nedule E)			PAGE 34 OF 66 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC			C C00530766
			M	M / D D / Y Y Y Y
Chec	ck if 24-hour report X 48-hour report New report	Amends repo	ort filed on	
	Full Name of Payee Roman Rys			of Public Distribution/Dissemination
	Mailing Address 635 Lotarche St			07 17 2014
	3 Constant GSS Ediantile St		Amou	nt
(City State Zip Co	ode		37.50
	Greenville NC 27858	i		action ID: dfca233c-1a12-4964-9 of Disbursement or Obligation
	Purpose of Expenditure Salary Category	gory/ Type 001	М	07 D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
1	Name of Federal Candidate	Support	Office Sough	t: House District:00
	Ms. Kay Hagan	Oppose	Preside	NO
	Calendar Year-To-Date Per Election for Office Sought	03	Disbursemen 2014 O	t For: Primary
h	Full Name of Payee			of Public Distribution/Dissemination
-	Roman Rys		IV	07 / D D / Y Y Y Y Y
-	Mailing Address 635 Lotarche St			07 17 2014
	000 2010/00 01		Amou	nt
-	City State Zip Co	ode		2.22
	Greenville NC 27858	3	Transa Date	ction ID: d48c3af4-f532-443a-a of Disbursement or Obligation
	Purpose of Expenditure Mileage Categ	gory/ Type 002	TV	07 / 17 / Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sough	t: House District:00
	Ms. Kay Hagan	X Oppose	Preside	ent Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought 1654	418.03	Disbursemen 2014 O	t For: Primary General ther (specify) ►
(a	s) SUBTOTAL of Itemized Independent Expenditures		. •	39.72
(b) SUBTOTAL of Unitemized Independent Expenditures		· •	
(c	e) TOTAL Independent Expenditures		•	7
wi	nder penalty of perjury I certify that the independent expenditures reporter th, or at the request or suggestion of, any candidate or authorized commitantly committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electronically Fi	iled] Date	e 07	19 2014
	Signature			

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 35 OF 66 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	t filed on DED / YEYEY
Full Name of Payee			Date of Public Distribution/Dissemination
Ms. Tonya Boyd			07
Mailing Address 2357 Fancy Cap Rd			Amount
City	State	Zip Code	90.00
Mt. Airy	NC	27030	Transaction ID: e8b3e596-d832-4066-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	165418.03	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Ms. Tonya Boyd			07 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2357 Fancy Cap Rd			Amount
City	State	Zip Code	22.62
Mt. Airy	NC	27030	Transaction ID : dab4ad51-11cf-487a-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 / 17 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought		165418.03	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expen	ditures		112.62
(b) SUBTOTAL of Unitemized Independent Exp	enditures		>
(c) TOTAL Independent Expenditures			•
	ndidate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Scl	hedule E)	TI EXI END			PAGE 36 OF 66 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
Che	ck if 24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Т	Full Name of Payee Ms. Chassidy Menard				of Public Distribution/Dissemination
-	Mailing Address 515 Walter Dr.			TV	07 17 2014
	515 Waller Dr.			Amou	nt
Ī	City	State	Zip Code		65.00
	Lafayette	LA	70507		saction ID: 76930c52-d056-4ce9-9 of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001	N	07 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ı	Name of Federal Candidate		Support	Office Sough	it: House District: 00
	Ms. Mary L Landrieu		X Oppose	Preside	ent X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	, , ,	59316.35	Disbursemen 2014 O	nt For:
Γ	Full Name of Payee	_		Date	of Public Distribution/Dissemination
١	Ms. Chassidy Menard				07 17 2014
ŀ	Mailing Address 515 Walter Dr.				07 17 2014
	0.0 174.00 2.0			Amou	ınt
	City	State	Zip Code		6.30
	Lafayette	LA	70507	Transa Date	action ID: 86496b2d-8551-43db-8 of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		07 17 2014
	Name of Federal Candidate		Support	Office Sough	nt: House District: 00
	Ms. Mary L Landrieu		X Oppose	Presid	
	Calendar Year-To-Date Per Election for Office Sought	7	59316.35	Disbursemer 2014 C	nt For: Primary
(a) SUBTOTAL of Itemized Independent Expenditure 	'es		▶	71.30
(b) SUBTOTAL of Unitemized Independent Expend	itures		· •	
(c) TOTAL Independent Expenditures			· •	7 1 7 1 7 1
W	Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid arty committee) any political party committee or its	late or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 07	19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature		_		

Schedule E)	AI LIIDII OII	LO		PAGE 37 OF 66 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New report	Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Theresa Burkhart			M = M	c Distribution/Dissemination
Mailing Address 3126 Chester Ct			Amount	17 2014
City Sta	ite Zip Co	nde		60.00
Metairie L/				ID: f45256f4-ff1c-45a7-8 ursement or Obligation
Purpose of Expenditure Salary	Cate	gory/ Type 001	07 M	17 / 2014
Name of Federal Candidate	'	Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	59316	.35	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
Full Name of Payee			Date of Publi	c Distribution/Dissemination
Cassidy Quartararo			07	17 / 2014
Mailing Address 632 Cameron Court			Amount	
City	ate Zip C	ode		60.00
Kenner L	A 7006	5		D: 14d5be0e-fda6-4d7d-b ursement or Obligation
Purpose of Expenditure Salary		gory/ Type 001	07	17 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	59	316.35	Disbursement For: 2014 Other (sp	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditures			•	120.00
(b) SUBTOTAL of Unitemized Independent Expenditures.				
(c) TOTAL Independent Expenditures			•	1 1 45 1 1 45 1
Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agen	authorized comm			
Ms. Emily Buchanan	[Electronically F	iled] Date	07 / 19	2014
Signature				

Schedule E)	LINDITOTILO	PAGE 38 OF 66 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report file	ed on Mam / Dad / Yayayay
Full Name of Payee Cassidy Quartararo		Date of Public Distribution/Dissemination
Mailing Address 632 Cameron Court		07 17 2014 Amount
City State	Zip Code	8.73
Kenner LA	70065	Transaction ID : 5e13d14a-3efb-4aa7-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	07 17 2014
Name of Federal Candidate	Support Off	ice Sought: House District:00
Ms. Mary L Landrieu	X Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	59316.35 Dis 201	sbursement For: Primary X General Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Ralph Smith		07 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2090 Fancy Gap Rd		Amount
City State	Zip Code	90.00
Mt. Airy NC	27030	Transaction ID : 478d64ed-87fd-4de1-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	07 17 2014
Name of Federal Candidate	Support Off	fice Sought: House District: 00
Ms. Kay Hagan	∑ Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	165418.03 Dis	sbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures		98.73
(-,		7
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	7 7 7 7
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent experience with, or at the request or suggestion of, any candidate or at party committee) any political party committee or its agent.		
	[Electronically Filed] Date	07 19 2014
Signature	_	

Schedule E)	PAGE 39 OF 66 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report f	filed on M M M / D D / Y Y Y Y Y Y
Full Name of Payee Ralph Smith	Date of Public Distribution/Dissemination
Mailing Address 2090 Fancy Gap Rd	07 17 2014 Amount
C'	22.62
City State Zip Code Mt. Airy NC 27030	22.62 Transaction ID: 64733e30-856d-471d-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	Date of Disbursement of Obligation M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support O	Office Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calcillati Ical Ic Batc	oisbursement For: Primary
Full Name of Payee Timothy Foley Mailing Address 20679 Glenbrook Terrace	Date of Public Distribution/Dissemination 07
City State Zip Code	90.00
Sterling VA 20165	Transaction ID : f6f4c83d-7e09-45f7-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support O	Office Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
	Disbursement For: Primary General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	112.62
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eigenty committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	07 19 2014
Signature	

Schedule E)	LIVI EXI END	HONES	PAGE 40 OF 66 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Christine Stevens			07 DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 Asbury Ct			Amount
City	State	Zip Code	90.00
Winchester	VA	22602	Transaction ID: 36fd9575-8026-45d1-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		165418.03	Disbursement For: Primary General 2014 General Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Gosch Ellers			07 17 2014
Mailing Address 377 Darlington Ave			Amount
City	State	Zip Code	45.00
Wilmington	NC	28403	Transaction ID: 47e7fd9c-0bdb-475c-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 17 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		165418.03	Disbursement For: Primary Genera 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		. ▶ 135.00
(b) SUBTOTAL of Unitemized Independent Exp	enditures		·
(c) TOTAL Independent Expenditures			·
	ndidate or authorized		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 19 / 2014
Signaturo			

Schedule E)	PAGE 41 OF 66 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends repor	t filed on
	t lied off
Full Name of Payee Gosch Ellers	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 377 Darlington Ave	Amount
City State Zip Code	17.10
Wilmington NC 28403	Transaction ID: f61da6e5-1c07-4f41-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	07 17 / 2014
Name of Federal Candidate Support	Office Sought: House District:00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 165418.03	Disbursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Vonniqua Jackson	07
Mailing Address 111 Westchester Blvd	Amount
Apt D4	
City State Zip Code Slidell LA 70458	20.00 Transaction ID : f34239c0-716f-4fe7-9
Purpose of Expenditure Salary Category/ Type 001	Date of Disbursement or Obligation M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Type 501	
Name of Federal Candidate Support Ms. Mary L Landrieu Oppose	Office Sought: House District: 00
Оррозе	Fresident Senate State.
Calendar Year-To-Date Per Election for Office Sought 59316.35	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	37.10
(b) SUBTOTAL of Unitemized Independent Expenditures	>
(c) TOTAL Independent Expenditures	•
Under penalty of perjury I certify that the independent expenditures reported herein were r with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	07 19 2014
Signature	

Schedule E)	DENT EXTENT	DITOTILO	PAGE 42 OF 66 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	rt New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Vonniqua Jackson			07 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 111 Westchester Blvd			Amount
Apt D4			
City	State	Zip Code	3.00
Slidell	LA	70458	Transaction ID: 688e7e8f-0997-4ebe-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 17 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		59316.35	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Kenny Wallis			07 17 2014
Mailing Address 6412 Osage Dr			Amount
City	State	Zip Code	30.00
North Little rock	AR	72116	Transaction ID : 98e1264f-34b8-41f7-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 D D 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		23719.25	Disbursement For: Primary General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures		33.00
(4) 302 30 312 31 30 312 31 312 31 312 31			7
(b) SUBTOTAL of Unitemized Independent Ex	penditures		>
(c) TOTAL Independent Expenditures			·
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	07 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Sch	edule E)	L/11 = 1.12.	101120				PAGE 43 OF 66 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC					С	C00530766
Chec	ck if 24-hour report X 48-hour report	New repo	ort Am	ends repo	ort filed on	M = M /	/ D = D / Y = Y = Y
	Full Name of Payee Kenny Wallis				Date	of Public	c Distribution/Dissemination
N	Mailing Address 6412 Osage Dr				Amo	07	17 2014
	Nic.	01-1-	7:- Codo				4 22
- 1	City North Little rock	State AR	Zip Code 72116				4.23 ID: 4249af9f-87b3-4c4d-a ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		M M M 07	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	Name of Federal Candidate			Support	Office Soug	ıht:	House District:00
N	Mr. Mark L Pryor			Oppose	Presid		Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		23719.25		Disburseme	ent For: Other (sp	Primary
	Full Name of Payee Francis Richardson				Date	of Publi	c Distribution/Dissemination
N	Mailing Address 220 Doucet Rd				Amo	ount	
C	City	State	Zip Code				30.00
L	Lafayette	LA	70503		Trans Date	action II of Disbu	D: 8ef037fd-1391-4997-a ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001	$\Box \mid \Box$	M 07	17 2014
Ν	Name of Federal Candidate			Support	Office Soug	ght:	House District: 00
1	Ms. Mary L Landrieu		X	Oppose	Presi		Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	, , ,	59316.35	5	Disburseme 2014	ent For: Other (sp	Primary X General
(a)) SUBTOTAL of Itemized Independent Expenditures	,			· [34.23
(b)	substotal of Unitemized Independent Expenditure	res			•		
(c)) TOTAL Independent Expenditures				· [
wit	nder penalty of perjury I certify that the independent th, or at the request or suggestion of, any candidate arty committee) any political party committee or its ac	e or authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	9 07	19	2014
	Signature						

Schedule E)	IN OF INDEPENDE	VI EXI END	ITOTIES		PAGE 44 OF 66 FOR SE OF FORM 24/48
NAME OF COMMITTEE (FEC IDENTIFICATION NUMBER ▼
Women Speak O	ut PAC				C C00530766
Check if 24-hour rep	ort X 48-hour report	New rep	ort Amends rep	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee				Dat	e of Public Distribution/Dissemination
Francis Richar					07
Mailing Address 220	Doucet Rd			Am	ount
City		State	Zip Code		2.64
Lafayette		LA	70503		nsaction ID : 582d61fc-351d-45ee-8 e of Disbursement or Obligation
Purpose of Expenditu Mileage	re		Category/ Type 002	_	07
Name of Federal Can	didate		Support	Office Sou	ight: House District:00
Ms. Mary L Landrieu			X Oppose	Pres	sident State: LA
Calendar Year-To Per Election for (7	59316.35	Disbursem 2014	nent For: Primary
Full Name of Payee				Dat	te of Public Distribution/Dissemination
Jeffrey Hampto	n 				07 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address ₁₇	00 E Part Ave			Am	ount
City		State	Zip Code	$ \Gamma$	75.00
Searcy		AR	72149		nsaction ID: cbb5c40d-834b-4e7e-9 te of Disbursement or Obligation
Purpose of Expenditu Salary	re		Category/ Type 001		07 / 17 / 2014
Name of Federal Car	didate		Support	Office Sou	ught: House District: 00
Mr. Mark L Pryor			X Oppose	Pres	sident State: AR State:
Calendar Year-To Per Election for		7 1 7	23719.25	Disbursem 2014	nent For:
(a) SUBTOTAL of Item	nized Independent Expenditu	res			77.64
	·				7 7
(b) SUBTOTAL of Unit	emized Independent Expend	litures		··· •	7 7
(c) TOTAL Independer	nt Expenditures			··· •	1 7 1 7 1 7
with, or at the request		late or authorized			n cooperation, consultation, or concert (if the reporting entity is not a political
Ms. Emily	Buchanan	[Electron	nically Filed] Da	te 07	19 / 2014
-					

Schedule E)	IN EXICIN	SITORES	PAGE 45 OF 66 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	eport Amends repo	rt filed on
Full Name of Payee Jeffrey Hampton			Date of Public Distribution/Dissemination
Mailing Address 1700 E Part Ave			07 17 2014 Amount
			Attour
City	State	Zip Code	79.11
Searcy	AR	72149	Transaction ID: 186621ac-e7b3-4bb3-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		23719.25	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
JoAnn Burks			07 17 2014
Mailing Address 10 Castle Hill Ct			Amount
City	State	Zip Code	25.00
Little Rock	AR	72227	Transaction ID : 6fb32453-92dc-438f-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought		23719.25	Disbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		104.11
(b) OUDTOTAL of Heliconical Index and at Force			
(b) SUBTOTAL of Unitemized Independent Exper	naitures		•
(c) TOTAL Independent Expenditures			>
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any canoparty committee) any political party committee or	lidate or authoriz		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	07 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			

Sch	edule E)	EXI EIID					PAGE 46 OF 66 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
Wc	omen Speak Out PAC						C00530766
						M M /	D = D / Y = Y = Y
Chec		New repo	ort Ar	mends repo	ort filed on		
	Full Name of Payee JoAnn Burks				Da	M = M /	c Distribution/Dissemination
N	Mailing Address 10 Castle Hill Ct				Ar	07 mount	17 2014
	Dity	State	Zip Code		— г		2.10
- 1	Little Rock	AR	72227				ID: f2d7c33d-4705-4c40-9 ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type			07 07	17 Y 2014
N	Name of Federal Candidate		'	Support	Office So	ought:	House District:00
	Mr. Mark L Pryor			Oppose		_	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		23719.25		Disburser 2014	ment For: Other (sp	Primary
	Full Name of Payee Cory Bryson				Da	ate of Public	c Distribution/Dissemination
 -	Mailing Address 216 Dogwood Ln					07	17 2014
	-				Ar	mount	
	City	State	Zip Code				85.00
	Belmont Purpose of Expanditure	NC	28012		Tra Da	ansaction II ate of Disbu	D: bb35fd85-d207-4339-9 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type			07	17 / 2014
١	Name of Federal Candidate			Support	Office Sc	ought:	House District:00
	Ms. Kay Hagan		X	Oppose	Pre	esident	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	, , ,	165418.0	03	Disburser 2014	ment For: Other (sp	Primary X General
(a)) SUBTOTAL of Itemized Independent Expenditures	3			· •	-	87.10
(b) SUBTOTAL of Unitemized Independent Expenditu	ires			·· •		1 1 4 1 1 4 1
(c)) TOTAL Independent Expenditures				·· •		
wit	nder penalty of perjury I certify that the independenth, or at the request or suggestion of, any candidate arty committee) any political party committee or its a	e or authorized					
	Ms. Emily Buchanan	[Electron	nically Filed]	Date	e 07	/ 19	2014
	Signature		_				

Schedule E)	DENT EXPEND	TIONES	PAGE 47 FOR SE OF F	OF 66
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION	
Women Speak Out PAC			C C00530766	THOMBERT V
Check if 24-hour report X 48-hour repor	t New rep	port Amends repo	t filed on	Y
Full Name of Payee			Date of Public Distribution/Di	ssemination
Cory Bryson			07 / 17	2014
Mailing Address 216 Dogwood Ln			Amount	
City	State	Zip Code		25.80
Belmont	NC	28012	Transaction ID : d836e037-0 Date of Disbursement or Obl	
Purpose of Expenditure Mileage		Category/ Type 002	07 / 17	2014
Name of Federal Candidate		Support	Office Sought: House Di	strict: 00
Ms. Kay Hagan		X Oppose	President Senate	State: NC
Calendar Year-To-Date Per Election for Office Sought		165418.03	Disbursement For: Primary 2014 Other (specify) ▶	General
Full Name of Payee	_		Date of Public Distribution/Di	ssemination
Lesley Lennox			07 17 /	2014
Mailing Address 2305 Cleary Ave			Amount	
City	State	Zip Code		17.50
Metairie	LA	70001	Transaction ID : 30526e39-b2 Date of Disbursement or Ob	
Purpose of Expenditure Salary		Category/ Type 001	07 / 17 /	2014
Name of Federal Candidate		Support	Office Sought: House Di	strict: 00
Ms. Mary L Landrieu		Oppose		State: LA
Calendar Year-To-Date Per Election for Office Sought		59316.35	Disbursement For: Primary 2014 Other (specify) ▶	General
(a) SUBTOTAL of Itemized Independent Exper	nditures			43.30
(b) SUBTOTAL of Uniternized Independent Ex	nondituros			
(b) SOBTOTAL OF OTHER INCEPTION IN LA	periolitares			
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any caparty committee) any political party committee	andidate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
-				

Schedule E)				PAGE 48 OF 66 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
				M / D D / Y Y Y Y Y
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	_
Full Name of Payee Lesley Lennox			M	Public Distribution/Dissemination Margin
Mailing Address 2305 Cleary Ave			Amount	
City	State	Zip Code		0.90
Metairie	LA	70001		ction ID : 678a30e3-aba0-4056-9 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	М	7 17 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presider	state: LA
Calendar Year-To-Date Per Election for Office Sought	, ,	59316.35	Disbursement 2014 Oth	For: Primary X General uer (specify) ▶
Full Name of Payee Bradley K Kissinger			M	Public Distribution/Dissemination
Mailing Address 3113 Imperial Valley Dr.			Amoun	
City	State	Zip Code		15.00
Little Rock	AR	72212	Transac Date of	tion ID : 91468d6c-1e84-410b-a Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		7 17 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose	Presider	nt Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, ,	23719.25	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	c			15.00
(a) SOBTOTAL OF REMIZED INDEPENDENT EXPENDITURES	3			15.90
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		• •	4
(c) TOTAL Independent Expenditures			· •	7
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	. 07	19 2014
Signature				

Schedule E)	/		<u> </u>	PAGE 49 OF 66 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			Cc	00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D D / Y Y Y Y
Full Name of Payee Bradley K Kissinger			M M /	Distribution/Dissemination
Mailing Address 3113 Imperial Valley Dr.			07 Amount	17 2014
City	01-1-	The Oakla		4.00
City Little Rock	State AR	Zip Code 72212		1.80 2 : 518beea7-6221-44d1-8 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 /	17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought	7	23719.25	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee Petrina Williams	_		Date of Public	Distribution/Dissemination
Mailing Address 3007 Darden Rd			Amount	17 2014
City	State	Zip Code		70.00
Greensboro	NC	27407		: 760e58d8-53a6-46af-9 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 /	17 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	165418.03	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expenditure	es		·	71.80
(b) SUBTOTAL of Unitemized Independent Expend	itures		•	
(c) TOTAL Independent Expenditures			· •	4 4
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 / 19	2014

Schedule E)	EXI END	TOTILO			PAGE 50 OF 66 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC				С	C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amend	ds report	filed on	/ D D / Y Y Y Y Y
Full Name of Payee Petrina Williams				M = M	blic Distribution/Dissemination
Mailing Address 3007 Darden Rd				Amount	17 2014
City	State	Zip Code			20.40
	NC	27407			n ID : f116fb7b-1f09-43e1-9 sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type	002	07	17 / 2014
Name of Federal Candidate		Sup	port	Office Sought:	House District: 00
Ms. Kay Hagan		У Орр		President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1	65418.03		Disbursement For 2014 Other (Primary X General
Full Name of Payee				Date of Pu	blic Distribution/Dissemination
Charity Zerbel				M M M	17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 804 Mary Ave				Amount	
				Amount	
City	State	Zip Code			42.50
Neosho	МО	64850			ID: 6a2298fa-687d-4a08-a sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type	001	07	17 2014
Name of Federal Candidate		Sup	port	Office Sought:	House District: 00
Mr. Mark L Pryor		X Opp	oose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		23719.25		Disbursement For 2014 Other	: Primary X General (specify) ▶
-			<u> </u>		
(a) SUBTOTAL of Itemized Independent Expenditures				•	62.90
(b) SUBTOTAL of Unitemized Independent Expenditure	es			•	7 1 7 1 7
(c) TOTAL Independent Expenditures				.	7 1 7 1 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized				
Ms. Emily Buchanan	[Electron	ically Filed]	Date	07 / 19	
Signature					

Schedule E)		LIVI EXI EIVE	1101120		PAGE 51 OF 66 FOR SE OF FORM 24/48
NAME OF COMMITT					FEC IDENTIFICATION NUMBER ▼
Women Spea	k Out PAC				C C00530766
Check if 24-hou	r report X 48-hour report	New rep	port Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Name of Pa Charity Zer					of Public Distribution/Dissemination
Mailing Address	804 Mary Ave			Amou	07 17 2014 nt
City		State	Zip Code		1.80
Neosho		MO	64850		action ID : 405be1ca-4de1-4953-a of Disbursement or Obligation
Purpose of Expe Mileage	nditure		Category/ Type 002	M	07 17 2014
Name of Federal	Candidate		Support	Office Sough	t: House District: 00
Mr. Mark L Pryor			Oppose	Preside	
Calendar Ye Per Election	ar-To-Date for Office Sought		23719.25	Disbursement 2014 Or	t For:
Full Name of Pa Laura U Loo Mailing Address	gie				of Public Distribution/Dissemination
, maining / tautious	2565 Shire Circle			Amou	nt
City		State	Zip Code	Tunnan	37.50
Harrisonburg	19	VA	22801	Date of	ction ID: 35a454fa-31db-437e-b f Disbursement or Obligation
Purpose of Expe Salary	enaiture		Category/ Type 001	M	07 / 17 / 2014
Name of Federa	I Candidate		Support	Office Sough	t: House District: 00
Ms. Kay Hagan			X Oppose	Preside	ent Senate State: NC
Calendar Ye Per Election	ear-To-Date n for Office Sought		165418.03	Disbursemen 2014 O	t For:
(a) SUBTOTAL o	f Itemized Independent Expend	itures			39.30
(b) SUBTOTAL o	f Unitemized Independent Expe	nditures			
					-9- 1-9- 1-0-
(c) TOTAL Indepe	endent Expenditures			▶	7 7 7
with, or at the req		didate or authorize			ooperation, consultation, or concert the reporting entity is not a political
Ms. I	Emily Buchanan	[Electron	nically Filed] Date	9 07	19 / 2014
Signature					

Sche	dule E)	L /(! L !(L)	101.20		PAGE 52 OF 66 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Won	nen Speak Out PAC				C C00530766
Check	if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
	Name of Payee enjamin Hernandez				of Public Distribution/Dissemination
Mai	iling Address 915 E Market Ave			Amo	07 17 2014 unt
City	J	State	Zip Code		60.00
	earcy	AR	72149		saction ID : 72b36e10-cd07-477c-9 of Disbursement or Obligation
	pose of Expenditure lary		Category/ Type 001		M 07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Nar	me of Federal Candidate		Support	Office Soug	yht: House District:00
Mr	. Mark L Pryor		X Oppose	Presid	dent Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	, , ,	23719.25	Disburseme 2014	ent For:
B	Name of Payee enjamin Hernandez iling Address 915 E Market Ave			Date	of Public Distribution/Dissemination of Public Distribution/Dissemination of Public Distribution/Dissemination of Public Distribution/Dissemination
City	у	State	Zip Code		34.50
	earcy	AR	72149		saction ID: 5a6177a2-f73b-43e0-a e of Disbursement or Obligation
	rpose of Expenditure lleage		Category/ Type 002] [M 07 / D D / Y Y Y Y Y Y 17 17 2014
Na	me of Federal Candidate		Support	Office Soug	ght: House District: 00
Mr	. Mark L Pryor		Oppose	Presid	dent Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	, , ,	23719.25	Disburseme 2014	ent For:
(a) \$	SUBTOTAL of Itemized Independent Expenditures	3			94.50
(b) \$	SUBTOTAL of Unitemized Independent Expenditu	res		•	
(c) -	TOTAL Independent Expenditures			•	7 7 7
with,	er penalty of perjury I certify that the independen or at the request or suggestion of, any candidate or committee) any political party committee or its a	e or authorized			
_	Ms. Emily Buchanan	[Electroni	ically Filed] Date	9 07	19 / 2014
S	ignature				

Sc	hedule E)	L /(L /(L)	TOTLES		PAGE 53 OF FOR SE OF FORM 24/	66 48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBE	R▼
۷V	omen Speak Out PAC				C C00530766	
Che	eck if 24-hour report X 48-hour report	New repo	oort Amends repo	ort filed on	/ D = D / Y = Y = Y	Y
T	Full Name of Payee Alexa S Dudley				of Public Distribution/Disseminat	
ľ	Mailing Address 4367 Splitlog Rd			Amou	07 17 2014 unt	
-	City	State	Zip Code	— I.	70	.00
	Goodman	MO	64843		saction ID : 717caf9a-5316-4bbe of Disbursement or Obligation	
	Purpose of Expenditure Salary		Category/ Type 001		07 17 2014	
ŀ	Name of Federal Candidate		Support	Office Sough	nt: House District:	00
	Mr. Mark L Pryor		Oppose	Presid	lent Senate State:	AR
	Calendar Year-To-Date Per Election for Office Sought		23719.25	Disbursemer 2014	nt For: Primary X Ge Other (specify) ▶	neral
	Full Name of Payee Alexa S Dudley				of Public Distribution/Disseminat	/ = Y
	Mailing Address 4367 Splitlog Rd			Amou	نبا لبا لن	
-	City	State	Zip Code		22.5	50
	Goodman	МО	64843	Transa Date	action ID : f25e85da-d145-475a- of Disbursement or Obligation	·b
	Purpose of Expenditure Mileage		Category/ Type 002	$\exists \mid C$	07 17 2014	
	Name of Federal Candidate		Support	Office Sough	ht: House District:	00
	Mr. Mark L Pryor		Oppose	Presid	Seriale State.	AR
	Calendar Year-To-Date Per Election for Office Sought	, ,	23719.25	Disbursemer 2014	nt For:	neral
((a) SUBTOTAL of Itemized Independent Expenditures	3		•	92.50	
((b) SUBTOTAL of Unitemized Independent Expenditure	res		-	1 7 1 1 7 1 1 7	
((c) TOTAL Independent Expenditures			· ·	1 7 1 1 7 1 1 7	
٧	Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized				
	Ms. Emily Buchanan	[Electron	nically Filed] Date	e 07	19 / 2014	
	Signature					

Scl	nedule E)					PAGE 54 OF 66 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FE	C IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C	
Che	ck if 24-hour report X 48-hour report N	ew rep	ort Amends	report f	iled on	/ D = D / Y = Y = Y
_		ew top	711101100	ТОРОТЕТ		
	Full Name of Payee Anthony Pearson				Date of P	ublic Distribution/Dissemination 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 112 apache Dr				Amount	
ŀ	City State		Zip Code			60.00
	Search AR		72149			on ID: b56ae867-03c4-4b22-a isbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001	M 07	
ı	Name of Federal Candidate		Suppo	ort O	ffice Sought:	House District:00
	Mr. Mark L Pryor		X Oppos		President	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		23719.25		isbursement Fo 014 Other	or: Primary X General (specify) ▶
Γ	Full Name of Payee				Date of P	Public Distribution/Dissemination
1	Anthony Pearson				07	17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ľ	Mailing Address 112 apache Dr					
1					Amount	
ŀ	City State		Zip Code			34.50
	Search AR		72149		Transaction Date of D	on ID: 9bd058bb-c8ae-4ec5-a Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002	07	17 / 2014
ľ	Name of Federal Candidate		Suppo	ort O	office Sought:	House District: 00
ļ	Mr. Mark L Pryor		X Oppos	se	President	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	,	23719.25		isbursement Fo 014 Other	or: Primary X General r (specify) ▶
(;	a) SUBTOTAL of Itemized Independent Expenditures			······ >		94.50
(1	b) SUBTOTAL of Unitemized Independent Expenditures			······)		7 1 7 1 7 1
(0	c) TOTAL Independent Expenditures			······ >		7 7 7
W	nder penalty of perjury I certify that the independent experith, or at the request or suggestion of, any candidate or autarty committee) any political party committee or its agent.					
	Ms. Emily Buchanan	Electron	ically Filed]	Date	M M / D	19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature		_			

Schedule E)	INI EXI ENL	JII OII LO	PAGE 55 OF 66 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee Sarinda S Dudley			Date of Public Distribution/Dissemination
Mailing Address 4367 Splitlog Rd			07 17 2014 Amount
City Goodman	State MO	Zip Code 64843	70.00 Transaction ID: 948fa736-7a13-4458-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 / 17 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	-	23719.25	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination 07 07 07 07 07 07 07 07 07
Mailing Address 3007 Darden Rd			07 17 2014 Amount
City	State	Zip Code	95.00
Greensboro	NC	27407	Transaction ID : bb1c2e33-280c-42ce-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 17 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	-, -,	165418.03	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		. ▶ 165.00
(b) SUBTOTAL of Unitemized Independent Expen	ditures		. •
4			
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	idate or authorize		
Ms. Emily Buchanan	[Electro	onically Filed] Date	07 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			

Schedule E)	INT EXI END	TIONES	PAGE 56 OF 66 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination
Mailing Address 3007 Darden Rd			07 17 / 2014
			Amount
City	State	Zip Code	24.00
Greensboro	NC	27407	Transaction ID: bd01a593-a664-46e3-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		165418.03	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee	<u> </u>		Date of Public Distribution/Dissemination
Beverly Williams			07 17 2014
Mailing Address 3007 Darden Rd			Amount
City	State	Zip Code	95.00
Greensboro	NC	27407	Transaction ID : c994ff6c-3451-4ef2-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	165418.03	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		. ▶ 119.00
(b) SUBTOTAL of Unitemized Independent Exper	ditures		•
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or	idate or authorize		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			

Schedule E)		itti Exi End	1101120		PAGE 57 OF 66 FOR SE OF FORM 24/48
NAME OF COMMITTEE					FEC IDENTIFICATION NUMBER ▼
Women Speak C	Out PAC				C C00530766
	. 🔽		. 🗆 .		- M / D D / Y - Y - Y
Check if 24-hour rep	port X 48-hour report	New rep	port Amends repo	ort filed on	
Full Name of Payee Lee R Carter					of Public Distribution/Dissemination
Mailing Address 311	0 Brentwood Rd			Amou	07 17 2014 nt
City		State	Zip Code		25.00
Raleigh		NC	27604		action ID : c2f24641-a41f-48de-9 of Disbursement or Obligation
Purpose of Expenditu Salary	ure		Category/ Type 001		07
Name of Federal Car	ndidate		Support	Office Sough	t: House District:00
Ms. Kay Hagan			X Oppose	Preside	NO.
Calendar Year-To Per Election for			165418.03	Disbursemen 2014 O	t For:
Full Name of Payee				Date	of Public Distribution/Dissemination
Lee R Carter					07 17 2014
Mailing Address 3	110 Brentwood Rd			Amou	لىنىا لىا لى
				Amou	
City		State	Zip Code		2.10
Raleigh		NC	27604	Transa Date	of Disbursement or Obligation
Purpose of Expenditi Mileage	ure		Category/ Type 002		07 17 / 2014
Name of Federal Ca	ndidate		Support	Office Sough	nt: House District: 00
Ms. Kay Hagan			X Oppose	Preside	ent Senate State: NC
Calendar Year-T Per Election for		, , ,	165418.03	Disbursemer 2014	nt For:
(a) SUBTOTAL of Iter	mized Independent Expendit	ures		>	27.10
(b) SUBTOTAL of Un	itemized Independent Expen	ditures		·· •	
(c) TOTAL Independe	nt Expenditures			· •	7 1 7 1 7
with, or at the request		idate or authorize			cooperation, consultation, or concert the reporting entity is not a political
Ms. Emily	Buchanan	[Electron	nically Filed] Date	e 07	19 2014
Signature			_		

Scl	hedule E)	A =					PAGE 58 OF 66 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC					С	C00530766
Che	eck if 24-hour report X 48-hour report	New repo	ort An	nends repo	ort filed on	M = M /	D = D / Y = Y = Y
Т	Full Name of Payee Jon Linch				Da		c Distribution/Dissemination
-	Mailing Address 6108 Harkins Ave					07	17 / 2014
					An	nount	
Ì	City State	te	Zip Code			1 1 0	50.00
	Little Rock AR		72210				ID: 2552c9d3-c60f-4c7c-8 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type			07	17 2014
I	Name of Federal Candidate		<u> </u>	Support	Office So	ught:	House District:00
	Mr. Mark L Pryor			Oppose		_	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		23719.25		Disbursen 2014	nent For: Other (sp	Primary
ſ	Full Name of Payee Jon Linch				Da	ate of Publi	c Distribution/Dissemination
						07	17 2014
	Mailing Address 6108 Harkins Ave				An	nount	
ŀ	City Stat	ite	Zip Code		$ \Gamma$		9.60
	Little Rock AF	₹	72210		Tra Da	nsaction II	D : 2f5fe10c-df27-4897-a ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type			07	17 2014
	Name of Federal Candidate			Support	Office So	ught:	House District:00
	Mr. Mark L Pryor		X	Oppose	Pre	sident	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		23719.2	<u>!</u> 5	Disburser 2014	nent For: Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				, г		59.60
ν.	a) OODTOTAL OF HORIZON HINOPOTHORIC EXPONENCE CO.				_	-	7
(b) SUBTOTAL of Unitemized Independent Expenditures				·· •		7
(c) TOTAL Independent Expenditures				•		1 1 2 1 1 2 1
W	Under penalty of perjury I certify that the independent experit, or at the request or suggestion of, any candidate or earty committee) any political party committee or its agent	authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	o 07	/ 19	2014
	Signature		_				-

Schedule E)	II EXI END	TIONES	PAGE 59 OF 66 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Jeanine Holmes			Date of Public Distribution/Dissemination
Mailing Address 206 Wildwood Dr			07 17 2014
			Amount
City	State	Zip Code	20.00
Hammond	LA	70401	Transaction ID: 43de4230-a40a-4276-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	59316.35	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee	_		Date of Public Distribution/Dissemination
Jeanine Holmes			07 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 206 Wildwood Dr			Amount
City	State	Zip Code	6.00
Hammond	LA	70401	Transaction ID : cc493d41-a7e5-4b3a-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 17 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	59316.35	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditur	es		. ▶ 26.00
(b) SUBTOTAL of Unitemized Independent Expendent	itures		>
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorize		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 19 2014
olgilatule			

Sch	nedule E)	311 01120		PAGE 60 OF 66 FOR SE OF FORM 24/48
	IE OF COMMITTEE (In Full)		FEC ID	ENTIFICATION NUMBER ▼
W	omen Speak Out PAC			C00530766
			M = M /	D D / Y Y Y Y
Che	ck if 24-hour report X 48-hour report New re	eport Amends repo	rt filed on	
	Full Name of Payee Xavier Miller		Date of Public	Distribution/Dissemination
	Mailing Address 407 randall Dr		07	17 2014
	407 Tandan Bi		Amount	
Ī	City State	Zip Code		70.00
	Searcy AR	72143		D: 36894cb1-977a-4af7-b rsement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	07 /	17 / 2014
	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Mr. Mark L Pryor	X Oppose		Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	23719.25	Disbursement For: 2014 Other (sp.	Primary ☐ General
r	Full Name of Payee			Distribution/Dissemination
1	Eric Wilson		M - M /	
ŀ	Mailing Address 907 Randall Drive		07	17 2014
	5 307 Nandan Dilve		Amount	
ľ	City State	Zip Code		70.00
	Searcy AR	72149	Transaction ID Date of Disbu	: e5fba1a3-a4d2-41a6-9 ursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	07 /	17 / 2014
	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Mr. Mark L Pryor	X Oppose	President >	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	23719.25	Disbursement For: 2014 Other (sp	Primary
(8	a) SUBTOTAL of Itemized Independent Expenditures		. •	140.00
(k	o) SUBTOTAL of Unitemized Independent Expenditures		•	7
(0	c) TOTAL Independent Expenditures		•	
W	nder penalty of perjury I certify that the independent expenditure ith, or at the request or suggestion of, any candidate or authorize arty committee) any political party committee or its agent.			
		onically Filed] Date	07 / 19	2014
	Signature			

Sc	hedule E)		-	PAGE 61 OF 66 FOR SE OF FORM 24/48			
	ME OF COMMITTEE (In Full)			ENTIFICATION NUMBER ▼			
W	omen Speak Out PAC	C	C00530766				
Che	Check if 24-hour report X 48-hour report New report Amends report filed on						
Т	Full Name of Payee Eric Wilson			Distribution/Dissemination			
-	Mailing Address 907 Randall Drive		07	17 / 2014			
			Amount				
	City State	Zip Code		75.00			
	Searcy AR	72149		D: 68dc0f2c-6f77-4066-a sement or Obligation			
	Purpose of Expenditure Mileage	Category/ Type 002	07	17			
ı	Name of Federal Candidate	Support	Office Sought:	House District: 00			
	Mr. Mark L Pryor	X Oppose	President X				
	Calendar Year-To-Date Per Election for Office Sought	23719.25	Disbursement For: [2014 Other (spe	Primary			
ſ	Full Name of Payee		Date of Public	Distribution/Dissemination			
	Evelyn Lesaicherre		M M /	17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
ŀ	Mailing Address 629 Radiance Ave			17 2017			
	3_0		Amount				
ŀ	City State	Zip Code		70.00			
	Metairie LA	70001	Transaction ID Date of Disbur	: 59cfa6f1-cc2b-471c-9 rsement or Obligation			
	Purpose of Expenditure Salary	Category/ Type 001	M 07 /	17 / 2014			
	Name of Federal Candidate	Support	Office Sought:	House District: 00			
-	Ms. Mary L Landrieu	X Oppose	President X				
	Calendar Year-To-Date Per Election for Office Sought	59316.35	Disbursement For: 2014 Other (spe	Primary			
((a) SUBTOTAL of Itemized Independent Expenditures		•	145.00			
((b) SUBTOTAL of Unitemized Independent Expenditures		•				
((c) TOTAL Independent Expenditures		>	7			
W	Under penalty of perjury I certify that the independent expenditure vith, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.						
	Ms. Emily Buchanan [Electro	ronically Filed] Date	07 / D D D	2014			
	Signature						

Schedule E	i)	TOLITI EXI EITO			PAGE 62 OF 66 FOR SE OF FORM 24/48		
	MMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼		
Women S	Speak Out PAC	C C00530766					
Check if	Check if 24-hour report X 48-hour report New report Amends report filed on						
Full Name Evelyn	of Payee Lesaicherre				of Public Distribution/Dissemination		
Mailing Ad	dress 629 Radiance Ave			Amour	07 17 2014		
City Metairie		State LA	Zip Code 70001	Trans	4.50 action ID : 558ef9d0-783e-46dc-8		
Purpose o Mileage	f Expenditure		Category/ Type 002		of Disbursement or Obligation		
			Туре		لسنسا لسا لنا		
	Federal Candidate L Landrieu		Support Oppose	Office Sough			
	dar Year-To-Date		Орроѕе	Disbursement	The School State.		
	Election for Office Sought	, ,	59316.35	2014 O	her (specify)		
Full Name	of Payee Lesaicherre	-			of Public Distribution/Dissemination		
Mailing Ac	lelvana				07 / 17 / 2014		
Walling Ac	629 Radiance Ave			Amou	nt		
City		State	Zip Code	— Г.	70.00		
Metairie		LA	70001	Transa Date o	ction ID: 55bd5b56-13d0-45bb-9 of Disbursement or Obligation		
Purpose o Salary	f Expenditure		Category/ Type 001	М	07 17 / 2014		
Name of I	Federal Candidate		Support	Office Sough	t: House District: 00		
Ms. Mary	L Landrieu		Oppose	Preside	ent Senate State: LA		
	ndar Year-To-Date Election for Office Sought		59316.35	Disbursemen 2014 O	t For: Primary X General		
(a) SUBTO	TAL of Itemized Independent Exp	enditures		· •	74.50		
(b) SUBTO	TAL of Unitemized Independent E	Expenditures		· •	7 1 7 1 7		
(c) TOTAL	Independent Expenditures			•	7 1 7 1 7		
with, or at t		candidate or authorized			ooperation, consultation, or concert he reporting entity is not a political		
	Ms. Emily Buchanan	[Electron	ically Filed] Date	9 07	19 2014		
Signatur	e						

Schedule E)	LXI LIVE	ITOTILO				PAGE 63 OF 66 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)					FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC	С	C00530766				
Check if 24-hour report X 48-hour report	New repo	ort Am	ends repo	ort filed on	M = M	/ D D / Y Y Y Y Y
Full Name of Payee Tarrin Lesaicherre				Date	M M	ic Distribution/Dissemination
Mailing Address 629 Radiance Ave				Amo	07 unt	17 2014
City	State	Zip Code				4.50
	LA	70001				ID: e9bab2bd-3a21-4b97-8 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type	002		M 07	17 2014
Name of Federal Candidate		<u>'</u>	Support	Office Soug	ht:	House District: 00
Ms. Mary L Landrieu			Oppose	Presi		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		59316.35		Disburseme 2014		Primary X General pecify) ▶
Full Name of Payee				Date	of Publ	ic Distribution/Dissemination
Jeanne Tribou					M = M 07	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 22369 Ponderosa Dr.				Amo	unt	
City	State	Zip Code		<u> </u>		25.00
Mandeville	LA	70471				D: 3edcd44b-168d-4540-b oursement or Obligation
Purpose of Expenditure Salary		Category/ Type	001		07	17 2014
Name of Federal Candidate			Support	Office Soug	ght:	House District: 00
Ms. Mary L Landrieu		X	Oppose	Presi	dent	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		59316.3	5	Disburseme 2014		Primary X General
(a) SUBTOTAL of Itemized Independent Expenditures						29.50
(b) SUBTOTAL of Unitemized Independent Expenditure	9S					
,						4
(c) TOTAL Independent Expenditures				· -		49. 49.
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized					
Ms. Emily Buchanan	[Electron	ically Filed]	Date	07	19	/ Y Y Y Y Y Y 2014
Signature						

Schedule E)	ENT EXILIN	DITOTILO	PAGE 64 OF 66 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼				
Women Speak Out PAC C c00530766							
Check if 24-hour report 48-hour report New report Amends report filed on							
Full Name of Payee			Date of Public Distribution/Dissemination				
Jeanne Tribou			07				
Mailing Address 22369 Ponderosa Dr.			Amount				
City	State	Zip Code	2.70				
Mandeville	LA	70471	Transaction ID : d9a18092-452d-4d74-8 Date of Disbursement or Obligation				
Purpose of Expenditure Mileage		Category/ Type 002	07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Federal Candidate		Support	Office Sought: House District:00				
Ms. Mary L Landrieu		X Oppose	President Senate State: LA				
Calendar Year-To-Date Per Election for Office Sought		59316.35	Disbursement For: Primary General 2014 Other (specify) ▶				
Full Name of Payee	_		Date of Public Distribution/Dissemination				
Darius Beverly			07				
Mailing Address 157 Bishop Drive			Amount				
City	State	Zip Code	45.00				
Avondale	LA	70094	Transaction ID : f3e65528-76b9-46a6-8 Date of Disbursement or Obligation				
Purpose of Expenditure Salary		Category/ Type 001	07 / 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Federal Candidate		Support	Office Sought: House District: 00				
Ms. Mary L Landrieu		Oppose	President Senate State: LA				
Calendar Year-To-Date Per Election for Office Sought		59316.35	Disbursement For: Primary General General Other (specify) ▶				
(a) SUBTOTAL of Itemized Independent Expenditures							
			7 7 7				
(b) SUBTOTAL of Unitemized Independent Expe	enditures		>				
(c) TOTAL Independent Expenditures			•				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.							
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	07 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
g							

Scl	hedule E)	A. E	101120				PAGE 65 OF 66 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
W	Women Speak Out PAC C coo530766						
Che	Check if 24-hour report X 48-hour report New report Amends report filed on						
T	Full Name of Payee Ms. Dinah Beverly	,			Date	M = M	c Distribution/Dissemination
ŀ	Mailing Address 157 Bishop Drive				Amo	07 ount	17 2014
ŀ	City Stat		Zip Code				45.00
	Avondale LA		70064				ID: d8924cc3-73ad-4c33-8 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		M 07	17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
l	Name of Federal Candidate		<u>' </u>	Support	Office Soug	aht:	House District: 00
	Ms. Mary L Landrieu			Oppose	Presi		X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		59316.35		Disburseme 2014	ent For: Other (sp	Primary
	Full Name of Payee Ms. Dinah Beverly				Date	of Publi	ic Distribution/Dissemination
	Mailing Address 157 Bishop Drive				Amo	ount	
ľ	City Sta	ate	Zip Code				4.80
	Avondale LA	A	70064		Trans Date	saction II	D: e7ce5959-cfb4-4304-a ursement or Obligation
	Purpose of Expenditure Mileage	1	Category/ Type	002		07 ^M	17 2014
ľ	Name of Federal Candidate			Support	Office Sou	ght:	House District: 00
-	Ms. Mary L Landrieu		X	Oppose	Pres	dent	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		59316.3	5	Disburseme 2014	ent For: Other (sp	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures							
((b) SUBTOTAL of Unitemized Independent Expenditures.				· ·		1 1 2 1 2 1
((c) TOTAL Independent Expenditures				· -		
W	Under penalty of perjury I certify that the independent ex vith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	07	19	2014
	Signature						

Schedule E)		TI OTILO	PAGE 66 OF 66 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full) Woman Speak Out DAC							
Women Speak Out PAC C c00530766							
Check if 24-hour report X 48-hour report New report Amends report filed on							
Full Name of Payee Andrew Shiver			Date of Public Distribution/Dissemination				
Mailing Address 110 Earlston Ct			07 17 2014 Amount				
Cit.	Otata	7:a Cada	70.00				
City Knightdale	State NC	Zip Code 27545	70.00 Transaction ID: e9b7f548-3694-4513-a Date of Disbursement or Obligation				
Purpose of Expenditure Salary		Category/ Type 001	07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Federal Candidate		Support	Office Sought: House District: 00				
Ms. Kay Hagan		X Oppose	President State: NC				
Calendar Year-To-Date Per Election for Office Sought	, , ,	165418.03	Disbursement For: Primary General 2014 Other (specify) ▶				
Full Name of Payee Christine Stevens			Date of Public Distribution/Dissemination				
Mailing Address 100 Asbury Ct			06 18 2014 Amount				
City	State	Zip Code	80.00				
Winchester	VA	22602	Transaction ID : dfb44784-1ea5-4fd6-a Date of Disbursement or Obligation				
Purpose of Expenditure Salary		Category/ Type 001	06 / 18 / 2014				
Name of Federal Candidate		Support	Office Sought: House District: 00				
Ms. Kay Hagan		X Oppose	President Senate State: NC				
Calendar Year-To-Date Per Election for Office Sought		165418.03	Disbursement For: Primary General 2014 General				
(a) SUBTOTAL of Itemized Independent Expenditures							
(b) SUBTOTAL of Unitemized Independent Expenditures							
(c) TOTAL Independent Expenditures			4764.93				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.							
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 19 2014				
olynature							